

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025807

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 369 Primary Registration District No. 6249 Registrar's No. 6

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>WAYNE</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>NEAR PIEDMONT</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>✓</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>ST. LOUIS</u> c. CITY OR TOWN <u>CREVE COURE</u> d. STREET ADDRESS (If outside, give location) Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> Outside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>BERNELL</u> Middle <u>RUBLE</u> Last <u>RUBLE</u>		4. DATE OF DEATH Month <u>July</u> Day <u>1</u> Year <u>1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-17-1947</u>
9. AGE (last birthday) <u>15</u>		10. IF UNDER 1 YEAR IF UNDER 24 HR Months <u>4</u> Days <u>14</u> Hours <u>14</u> Min. <u>14</u>	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT + GARDNER</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>STUDENT + GARDNER</u>	
12a. BIRTHPLACE (City and state or country) <u>IRONTON, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>BERLIN RUBLE</u>		13b. MOTHER'S MAIDEN NAME <u>RUBY ANN STEVENSON</u>	
14. NAME OF HUSBAND OR WIFE <u>BERLIN RUBLE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>	
16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT <u>BERLIN RUBLE</u> Address <u>CREVE COURE, MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>SUFFOCATION</u> DUE TO (b) <u>ACCIDENTAL DROWNING.</u> DUE TO (c) <u>SWIMMING ACCIDENT</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>163 min</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>SWIMMING ACCIDENT</u>	
20c. TIME OF INJURY <u>8:15</u> Hour <u>8:15</u> a.m. <input checked="" type="radio"/> p.m. Month, Day, Year <u>7-1-1962</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>STILLING BASIN CLEARWATER LAKE</u>		20f. CITY, TOWN, OR LOCATION <u>PIEDMONT WAYNE MO</u>	
21. I attended the deceased from <u>8:15</u> to <u>8</u> and last saw her alive on <u>8</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Marvin E. Bowles, Coroner</u> (Degree or title)		22b. ADDRESS <u>Piedmont, MO</u>	
22c. DATE SIGNED <u>7-3-62</u>		22d. LOCATION (City, town, or county) (State) <u>MO</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>7-3-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SUTTON CEM.</u>	
23d. FUNERAL DIRECTOR <u>GISH PIEDMONT, MO.</u>		23e. DATE RECD. BY LOCAL REG. <u>7-3-62</u>	
23f. REGISTRAR'S SIGNATURE <u>Shirley Lowlore</u>		23g. REGISTRAR'S SIGNATURE <u>Shirley Lowlore</u>	

JUL 12 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by me, Student Embalmer No. _____

working under my personal supervision.

Student Thomas J. [illegible]
Signature of Student Embalmer

Signed Maurice E. Bowles

Licensed Embalmer No. 4426

P. O. Address Dickinson, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.